



Check a Charity

Information form

Return to: Missouri Attorney General's Office
Attention: Consumer Protection
PO Box 899
Jefferson City, MO 65102

MISSOURI ATTORNEY GENERAL
CHRIS KOSTER

573-751-3321
ago.mo.gov

CHARITABLE ORGANIZATION INFORMATION

LEGAL NAME _____

CONTACT PERSON _____ TITLE _____

MAILING ADDRESS _____
ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ E-MAIL _____

ORGANIZATION'S WEB SITE ADDRESS _____

ORGANIZATION DESCRIPTION (25 WORDS OR LESS TYPED OR LEGIBLY WRITTEN ON LINES)
Please do not include the name of the organization as part of the description. Federations must
provide organization descriptions for each member organization.

FINANCIAL INFORMATION

Please provide information from your most recent IRS Form 990.
(Federations must provide an administrative cost percentage for each member organization.)

ADMINISTRATIVE COST PERCENTAGE (based on total expenses for the last full fiscal year) _____ %

Administrative cost is defined as the management, general and fundraising expenses of the applicant
as described on IRS Form 990. It includes payments to affiliates, except to the extent that these
payments are used for program services.

Financial information is for the organization's fiscal year beginning _____ and ending _____
(MM-DD-YY) (MM-DD-YY)

TOTAL REVENUE \$ _____ TOTAL EXPENSES \$ _____ TOTAL PROGRAM SERVICE EXPENSES \$ _____

This certification form must be completed by an authorized agent of the applicant organization. Eligibility criteria not checked will be presumed uncertifiable.

CHECK BELOW TO CERTIFY:

1 _____ I hereby certify that the applicant organization listed below is a non-profit, tax-exempt organization under the meaning of Section 501(c)(3) of the U.S. Internal Revenue Code and any relevant state laws.

2 _____ I hereby certify the information provided in the organization description is accurate, and I authorize use of the information on the Attorney General's Web site.

3 _____ I hereby certify that the organization's administrative cost percentage indicated previously in this application is the percentage for the latest reporting year.

4 _____ I hereby certify that the services provided by the applicant organization are accessible to residents of Missouri.

5 _____ I hereby certify that an annual report of the organization's activities is made available to the general public on an annual basis.

6 _____ I hereby certify that the organization is duly registered with the Missouri Attorney General's Office and the Secretary of State's Office or comparable agency in the organization's state.

This form — along with the charity's Form 990 or financial statements (if a Form 990 is not filed), and a certified copy of the certificate of good standing or most recent annual report the charity filed with the Secretary of State in the charity's state — should be mailed to the address found at the top of this form.

NAME OF APPLICANT ORGANIZATION _____

The undersigned hereby certifies that the information on this form is true and accurate, and further, acknowledges that any false statement made is punishable by fine and/or imprisonment under Section 575.060 of the Revised Statutes of Missouri.

SIGNATURE _____

DATE _____
(MM-DD-YY)

NAME _____ **TITLE** _____